
P116. DECISION MAKING DIFFICULTIES IN FORENSIC TOXICOLOGY: AMISULPRIDE CASE

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Amisulpride is a neuroleptic drug used to improve the negative symptomatology of schizophrenia with dopaminergic activity in high doses.

A 41-year-old female was found dead at home. Her medical records were unknown but only one of her relative gave information that she had a psychiatric disorder and took medications with unknown dosage. An autopsy was performed. No remarkable injuries or pathologies were observed in macroscopic and microscopic examination. Samples of full stomach content, femoral blood, urine and bile were collected and analyzed with LC-MS/MS. In the stomach content, bile and urine amisulpride, quetiapine and metabolite of quetiapine were found. In blood analysis (70ng/ml) quetiapine and (1330ng/ml) amisulpride were detected.

In decision making process to toxic death, blood drug concentrations and sampling localizations, postmortem redistribution, available concentration – toxicity relationship in literature, drug dosing interval, dose levels, drug tolerance must be considered according to experts.

Amisulpride lethal dose is over 9300-41700ng/ml and toxic dose is over 640ng/ml in the review of Martin Schulz and colleagues. Although our decedent's amisulpride levels in blood were above toxic limit, no available data about postmortem redistribution of amisulpride was found. On the other hand, decedent's drug dosing interval and dose levels are unknown to determine occurrence of tolerance.

As a conclusion in spite of no remarkable cause of death was found in our case, death was not associated to amisulpride toxicity because of lack of decedent's medical history and inadequate data about postmortem destiny of amisulpride.

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